SIGNATURE PAGE

STATE OF NEBRASKA DEPARTMENT OF INSURANCE ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2024

This document must be attached to all annual tax return filings.

COMPANY INFORMATION

Contact Person		1		
NAIC Number		E-Mail Address		
Federal Tax I.D. Number		Telephone		
Company Name	·			
Street Address				
City		State	Zip Code	
Organized Under the Laws of				
TYPE OF INS	URER (Select One): Life and Health Insurer Property and Casualty Company Reciprocal Insurance Exchange Risk Retention Group Title Insurer Health Maintenance Organization Fraternal	CAL OFFICER (Pool Assessment Prepaid Dental Prepaid Legal Prepaid Health Captive OF COMPANY	
State of))ss			
County of)ss)	i		
I,	, being duly sworn on oath say that I am			
of the	Insurance Company of the State of			
and that the ta	x statement to which this is attached is corre	ectly computed in accordanc	e with the provided instructions.	
		(Signature)		
Subscribed and	sworn to before me, a Notary Public, this	day of	20	

(Notary Public)